**APPLICATION FOR REGISTRATION OF NOTARIES TO ACT AS QUALIFIED PERSONS**

PART 1 – GENERAL INFORMATION

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| 1. ***The Applicant*** | |
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| * 1. Name of Applicant: | Passport/Identity card number: |
| * 1. Other contact details |  |
| Telephone: | Fax Number: |
| E-Mail Address: | Website: |
| * 1. Date upon which Applicant obtained the Diploma of a Notary Public: | |
|  | |
| * 1. Date Applicant obtained the Warrant of Notary Public: | |
|  | |
| * 1. Business Address: | |
|  | |

PART 2 – COMPETENCE, EXPERIENCE & QUALIFICATIONS

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| 2.1 The Authority expects Notaries acting as qualified persons to be conversant with the Trusts and Trustees Act, and thus have undertaken the IFSP course or equivalent. Please provide details of related qualifications attained in this regard, (Kindly attach a certified true copy of the certificate/s) |
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| 2.2 Please list any qualifications attained in relation to anti money laundering. Kindly include also information on your experience in this regard. |
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| 2.3 Please include a brief write up on your experience in the trust industry. |
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| 2.4 Has the Applicant attended any other training sessions, induction courses or any other form of training in relation to the Maltese regulatory framework for trusts and trustees and AML? |
| Yes  No |
| If ‘YES’, please provide details: |
|  |

I confirm that the above information is complete and correct to the best of my knowledge and belief. I understand that giving MFSA information which is false or misleading may be a criminal offence. I undertake to inform the Malta Financial Services Authority of any material change to the contents of this application after the date of its submission.

I am attaching to this application:-

Personal Questionnaire

Certified copy of Diploma of Notary Public

Certified copy of Warrant of Notary Public

Certified copy of IFSP course certificate or equivalent

Application Fee of €500

ANNEX I which is to be printed on a Letterhead

Signature of Notary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Notary:

Date:

**ANNEX I**

The Director – Authorisation Unit

Malta Financial Services Authority,

Notabile Road,

Attard

Insert Date here

Dear Sir/Madam,

**Re: Name of Notary (“The Notary”)**

Please find attached an application for registration as a qualified person in terms of article 43(9) of the Trusts and Trustees Act (the “Act”) in respect of relevant property settled on trust in terms of article 43A of the Act.

I confirm that in determining whether to grant registration, the Authority may rely upon the information contained in the Application Form, any supporting documentation attached to the Application Form and/or additional information provided from time to time.

**I understand, acknowledge and agree that:**

1. having made all reasonable enquiries, the information supplied is, to the best of my knowledge and belief, accurate in all material respects and does not exclude any information which might reasonably be considered as relevant;
2. I may not act as a qualified person unless I am so registered by the Authority and a notification of my appointment as a qualified person is provided to the Authority in terms of Article 43(9) of the Act;
3. I will comply with and be bound by all the terms and conditions to which any registration may be subject;
4. I shall, following registration, notify the Authority every time I am appointed to act as a qualified person in terms of article 43(9) of the Act in respect of relevant property settled on trust in terms of article 43A of the Act. I will also comply with the regulations concerning notification of changes subsequent to the Registration;
5. I will notify the Authority of any material change in the information disclosed in the Application Form or its supporting documents and of any further information relevant to the application concerning these or other matters which have arisen after the Application has been submitted but which are or may be relevant to the Authority’s determination as to whether or not a registration should be issued;
6. I authorise the Authority to make such enquiries as it may consider necessary in connection with this Application.

Yours Faithfully,

……………………………………………….

Signature of person submitting this Application

Name of person submitting this Application (BLOCK CAPITALS)